

**City of Rochester**  
**Workforce Staffing Utilization Plan for Professional Services Contracting**

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Submit with Proposal – Instructions on page 2

<b>Contract No.:</b>	<b>Project Location:</b>	<b>Report includes Prime Contractor/Subcontractors:</b> <input type="checkbox"/> Work force utilized on this contract <input type="checkbox"/> Total work force <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor <b>Subcontractor Name(s):</b>
<b>Contract Name:</b>		
<b>Company Name:</b> <b>Invoice Number:</b> <div style="float: right;"><b>Invoice Date:</b></div>		

Enter the total number of employees for each classification in each of the Job Categories identified

Job Category	Total Work force	Work force by Gender		Work force by Race/Ethnic Identification													
		Total Male (M)	Total Female (F)	White (M) (F)		Black (M) (F)		Hispanic (M) (F)		Asian (M) (F)		Native American (M) (F)		Disabled (M) (F)		Veteran (M) (F)	
Officials/Administrators																	
Professionals																	
Technicians																	
Sales Workers																	
Office/Clerical																	
Craft Workers																	
Laborers																	
Temporary/Apprentices																	
Other (specify)																	
<b>Totals</b>																	

<b>PREPARED BY (Signature):</b>  <b>DATE:</b>	<b>NAME:</b> <b>TITLE:</b>	<b>TELEPHONE:</b> <b>EMAIL:</b>
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## City of Rochester

### Workforce Staffing Utilization Plan for Professional Services Contracting

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**General Instructions:** All Contractors and each subcontractor identified in the proposal must complete a Workforce Staffing Utilization Plan and submit it as part of the proposal package .

**Instructions:**

1. Enter the RFP name that this plan applies to along with the name and address of your company or organization.
2. Check off the appropriate box to indicate if the Contractor completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate work force utilized on the contract for work invoiced.
4. Enter the total work force by job category.
5. Break down the anticipated total work force by gender and enter under the heading 'Work force by Gender'
6. Break down the anticipated total work force by race/ethnic identification and enter under the heading 'Work force by Race/Ethnic Identification'.
7. Enter information on disabled or veterans included in the anticipated work force under the appropriate headings.
8. Enter the name and contact details of the person completing the form. Sign and date the form in the designated boxes.

**RACE/ETHNIC IDENTIFICATION:**

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN & PACIFIC ISLANDER** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **NATIVE INDIAN (NATIVE AMERICAN/ALASKAN NATIVE)** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

**OTHER CATEGORIES:**

- **GENDER** Male or Female